P110000617459

(Requestor's Name)				
(A	ddress)	····		
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(Address)				
(C	ity/State/Zip/Phone #)			
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
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(Document Number)				
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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English Spot, Inc.				
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			&	Art of Inc. File
	·			LTD Partnership File
				Foreign Corp. File
				L.C. File
•				Fictitious Name File
				Trade/Service Mark
				Merger File
			1 7	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
			\	Annual Report / Reinstatement
				Cert. Copy
			\ 	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
,				Driving Record
Requested by: SETH	06/06/14			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Walk-In	Will Pick Up			UCC 11 Retrieval
*******	TOT OP			Council

TRANSMITTAL LETTER

Division of Corporations SUBJECT: English Spot, Inc. (Name of Corporation) DOCUMENT NUMBER: P11000067459 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sara Pineda (Name of Person) English Spot, Inc. (Name of Firm/Company) 11402 NW 41 Street, Suite 222 (Address) Miami, Florida 33178 (City/State and Zip Code) For further information concerning this matter, please call: Sara Pineda rea Code & Daytime Telephone Number) (Name of Person)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION 2014 JUN - 6 PM 3: 58

Mary L. Munoz

of English Spot, Inc.

(Name of Corporation)

P11000067459

(Document Number, If known)

Florida

Vice President and Director

(Title)

(Title)

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314